

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TENNESSEE

---

DANIEL LOVELACE and  
HELEN LOVELACE, Individually, and as Parents of  
BRETT LOVELACE, deceased,

Plaintiffs

Vs.

No. \_\_\_\_\_  
JURY TRIAL DEMANDED

PEDIATRIC ANESTHESIOLOGISTS, P.A.;  
BABU RAO PAIDIPALLI; and,  
MARK P. CLEMONS,

Defendants

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PLAINTIFFS' AFFIDAVIT OF SERVICE  
PURSUANT TO TENN. CODE ANN. §29-26-121

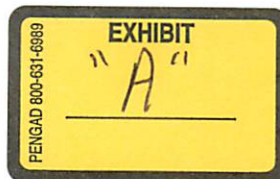
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STATE OF TENNESSEE:

COUNTY OF SHELBY:

COMES NOW Mark Ledbetter, as counsel of record for Plaintiffs, pursuant to and as required by Tenn. Code Ann. § 29-26-121(a)(4), who being first duly sworn according to law hereby makes oath and states as follows:

1. My name is Mark Ledbetter. I am an attorney licensed to practice law in and by the State of Tennessee. My Tennessee Board of Professional Responsibility number is 17637. Except where it may be otherwise noted herein, I have personal knowledge of the statements made herein and am otherwise competent to execute this Affidavit. I am counsel of record for Plaintiffs Daniel Lovelace and Helen Lovelace, individually and as parents of Brett Lovelace, deceased.



2. Pursuant to and as required by Tenn. Code Ann. § 29-26-121, my office caused a written notice letter to be issued to Defendants, Pediatric Anesthesiologists, P.A.; Babu Rao Paidipalli; and, Mark P. Clemons. A summary of the history of the mailing of the notice letters is set forth in the following paragraphs. Copies of the notice letters are attached hereto (Exhibits “A”, “B”, and “C”) as required by Tenn. Code Ann. 29-26-121, along with photocopies of certificates of mailing (receipts) from the United States postal service stamped with the date(s) of mailing. Additionally, attached hereto as Exhibit “D” is PS Form 3877 from the United States postal service certifying the mailing of all notice letters to respective defendants on February 13, 2013.

3. As to Defendant Pediatric Anesthesiologists, P.A., by letter dated February 13, 2013, at least 60 days prior to the filing of this action, timely notice of a potential claim against Pediatric Anesthesiologists, P.A., was provided via certified mail, return receipt requested, to (1) Pediatric Anesthesiologists, P.A. at 50 North Dunlap Street, 2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103, which was returned on or about February 14, 2013; and (2) Pediatric Anesthesiologists, P.A., Attn: Donald E. Bourland, 5400 Poplar Avenue, Suite 100, Memphis, TN 38119, which was returned on or about February 14, 2013. A photocopy of the notice letters, together with the Certified Mail Receipts and the returned certified mail receipt cards, is attached hereto. Consequently, this action is filed 60 (sixty) or more days after the receipt of the written notice to Pediatric Anesthesiologists, P.A., as required by Tenn. Code Ann. § 29-26-121.

4. As to Defendant Babu Rao Paidipalli, by letter dated February 13, 2013, at least 60 days prior to the filing of this action, timely notice of a potential claim against Babu Rao Paidipalli, was provided via certified mail, return receipt requested, to (1) Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. at 50 North Dunlap Street, 2<sup>nd</sup> Floor, Research Tower,

Memphis, TN 38103, which was returned on or about February 27, 2013; and, (2) Babu Rao Paidipalli c/o LeBonheur East Surgery Center, 786 Estate Place, Memphis, Tennessee 38130, which was returned on or about February 21, 2013. A photocopy of the notice letters, together with the Certified Mail Receipts and the returned certified mail receipt cards is attached hereto. Consequently, this action is filed 60 (sixty) or more days after the receipt of the written notice to Babu Rao Paidipalli as required by Tenn. Code Ann. § 29-26-121.

5. As to Defendant Mark P. Clemons, by letter dated February 13, 2013, at least 60 days prior to the filing of this action, timely notice of a potential claim against Mark P. Clemons, was provided via certified mail, return receipt requested, to (1) Mark P. Clemons, M.D., 6616 Kirby Center Cove, Memphis, TN 38115, which was returned on or about (date omitted on return receipt, accepted and signed by C. Williams); and (2) Mark P. Clemons, M.D., 228 West Tyler, Ste. 100, West Memphis, TN 72301, which was returned on or about February 21, 2013. A photocopy of the notice letters, together with the Certified Mail Receipts and the returned certified mail receipt cards is attached hereto. Consequently, this action is filed 60 (sixty) or more days after the receipt of the written notice to Mark P. Clemons, M.D., as required by Tenn. Code Ann. § 29-26-121.

6. As required by Tenn. Code Ann. § 29-26-121, the notice letters referred to above and attached hereto were accompanied by lists of other providers to whom notices were being given, along with authorizations permitting each provider receiving the notice to obtain complete medical records from each other provider being sent a notice.

FURTHER THIS AFFIANT SAYETH NOT:

  
MARK LEDBETTER

STATE OF TENNESSEE:

COUNTY OF SHELBY:

On this 8<sup>th</sup> day of May, 2013, before me, a Notary Public of the State and County aforesaid, personally appeared the undersigned Mark Ledbetter, and who, upon oath, acknowledged that he executed the foregoing instrument for the purpose therein contained of his own hand and by his own free act.

  
NOTARY PUBLIC

My Commission Expires: 9-21-2016.





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**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

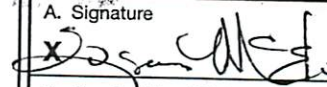
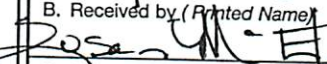
**OFFICIAL USE**

Postage	\$ 1.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here

Sent To  
 Donald Bourland - Pediatric Anesthesiologists, P.A.  
 Street, Apt. No.;  
 or PO Box No. 5400 Poplar Ave, Ste 100  
 City, State, ZIP+4 Memphis, TN 38119-3669

PS Form 3800, August 2006 See Reverse for Instructions

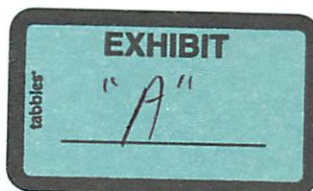
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 5/8/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:          Donald E. Bourland          Pediatric Anesthesiologists, P.A.          5400 Poplar Ave, Ste 100          Memphis, TN 38119-3669</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7007 0710 0004 1355 4574

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



HALLIBURTON & LEDBETTER  
ATTORNEYS AT LAW  
254 COURT AVENUE - SUITE 305  
MEMPHIS, TENNESSEE 38103

MARK LEDBETTER\*  
\*Licensed in Tennessee & Arkansas

(901) 523-8153 - Phone  
(901) 523-8115 - Fax  
E-mail: [mark794@aol.com](mailto:mark794@aol.com)

February 13, 2013

*SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED*

Donald E. Bourland  
Registered Agent for Service of Process  
Pediatric Anesthesiologists, P.A.  
5400 Poplar Avenue, Suite 100  
Memphis, TN 38119-3669

RE: Possible Medical Malpractice Claim  
Patient: Brett Spencer Lovelace  
Surgery dated March 12, 2012

Dear Pediatric Anesthesiologists and Donald E. Bourland:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Daniel and Helen Lovelace, parents of Brett Spencer Lovelace, deceased. I am their authorized agent for providing you this notice. Through me, Daniel and Helen Lovelace are asserting a potential claim for medical malpractice of a health care liability action under T.C.A. § 29-26-115 against Pediatric Anesthesiologists, P.A. Also, Daniel and Helen Lovelace each assert a potential claim for negligent infliction of emotional distress (NIED) against Pediatric Anesthesiologists, P.A.

Brett Spencer Lovelace was a 12-year-old male child who underwent a tonsillectomy and adenoidectomy (T&A), which was done under general endotracheal tube anesthesia (Babu Rao Paidipalli was the anesthesiologist) on March 12, 2012, at LeBonheur Children's Hospital in Memphis, Tennessee. After the surgery (Dr. Mark P. Clemons was the surgeon), Brett Spencer Lovelace was transferred to the hospital's PACU, where he suffered positional asphyxia and respiratory arrest. Brett Spencer Lovelace suffered consequent brain swelling and anoxic brain injury that resulted in brain death. He was pronounced dead on March 14, 2012. It is alleged that a claim arose due to the acts or omissions of the intended recipient(s) of this letter, as no one intervened to protect the child or issue orders for his safe resuscitation.

Attached hereto is a list of all health care providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Additional information required by T.C.A. §29-26-121 is furnished to you below.

(A) The full name and date of birth of the patient whose treatment is at issue:

Brett Spencer Lovelace, DOB: [REDACTED]

Letter to Pediatric Anesthesiologists, P.A.  
and Donald E. Bourland  
Lovelace vs. Pediatric Anesthesiologists, P.A.  
February 13, 2013  
Page 2

(B) The name and address of the claimants authorizing the notice and the relationship to the patient, if the notice is not sent by the patient:

Daniel and Helen Lovelace, [REDACTED], Marion, AR, 72364, the parents of the deceased minor, Brett Spencer Lovelace, are authorizing the issuance of this letter for the purposes of providing notice, as required by T.C.A. §29-26-121.

(C) The name and address of the attorney sending the notice, if applicable:

Mark Ledbetter  
254 Court Avenue, Suite 305  
Memphis, TN 38103

(D) A list of the names and addresses of all providers being sent a notice:

Notice is being sent to:

Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Babu Rao Paidipalli c/o Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120
Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Donald E. Bourland Pediatric Anesthesiologists, P.A. 5400 Poplar Avenue, Suite 100 Memphis, TN 38119-3669 Registered Agent for Service of Process
Mark P. Clemons, M.D. 6616 Kirby Center Cove Memphis, TN 38115	Mark P. Clemons, M.D. 228 West Tyler, Suite 100 West Memphis, AR 72301

(E) A HIPAA complaint medical authorization permitting the provider receiving the notice to obtain the complete medical records from each other provider being sent a notice.

An authorization is enclosed.

Letter to Pediatric Anesthesiologists, P.A.  
and Donald E. Bourland  
Lovelace vs. Pediatric Anesthesiologists, P.A.  
February 13, 2013  
Page 3

Pursuant to T.C.A. §29-26-121, this letter shall serve as written notice of this potential claim.

Sincerely yours,



Mark Ledbetter

PML/js

Enclosures: List pursuant to T.C.A. §29-26-121(a);  
Authorization



**DEFENDANTS LIST FOR NOTICE**

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.,  
Attn: Donald E. Bourland,  
5400 Poplar Avenue, Suite 100,  
Memphis, TN, 38119;

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place, Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION**

Patient name: Brett Spencer Lovelace DOB: 03/21/1993 SSN: 330-97-8891

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

☐ problem list  
☐ medication list  
☐ list of allergies  
☐ immunization record  
☐ most recent history and physical  
☐ most recent discharge summary  
☐ laboratory results  
☐ x-ray and imaging reports

\_\_\_\_\_ consultation reports  
\_\_\_\_\_ (all treating physicians/nurses and caretakers)  
\_\_\_\_\_ entire record  
\_\_\_\_\_ other: billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This information may be disclosed to and used by the following individual or organization:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: December 31, 2014. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information.)
8. Nothing in this Authorization shall be construed as permitting the ex parte communication between counsel for the Defendants and the healthcare providers of Brett Spencer Lovelace (Plaintiffs' Decedent, and Son) without the express permission and/or the participation of Helen Lovelace, Daniel Lovelace, or their attorneys.
9. I hereby agree that a copy of this authorization form or facsimile shall have the same force and effect as the original thereof.

Helen Lovelace  
Helen Lovelace  
Mother of Brett Spencer Lovelace

1/25/13  
Date

Daniel Lovelace  
Daniel Lovelace  
Father of Brett Spencer Lovelace

[Signature]  
Signature of Witness

STATE OF TENNESSEE

COUNTY OF SHELBY

On this 25<sup>th</sup> day of January 2013, before me personally appeared Helen Lovelace and Daniel Lovelace known to me to be the persons described herein and who executed the foregoing Authorization to Release Medical Information and that they executed the same as their free act and deed.

[Signature]  
NOTARY PUBLIC



My commission expires: 9-21-2016.

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**OFFICIAL USE**

Postage	\$ .66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	.66
Total Postage & Fees	\$ 6.31

7007 0710 0004 1355 4567

Postmark Here  
 FEB 13  
 PEABODY PLACE RETAIL UNIT MEMPHIS, TN 38103

Sent To Pediatric Anesthesiologists, P.A.  
 Street, Apt. No., or PO Box No. 50 N. Dunlap St., 2nd Fl Research Tower  
 City, State, ZIP+4 Memphis TN 38103

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Pediatric Anesthesiologists, P.A.  
50 N. Dunlap Street  
2nd Floor, Research Tower  
Memphis, TN 38103

## 2. Article Number

(Transfer from service label)

7007 0710 0004 1355 4567

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

x Michelle Blocker

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Michelle Blocker

## C. Date of Delivery

2/14/13D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒
- Certified Mail
- ☐
- Express Mail
- 
- ☐
- Registered
- ☒
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



HALLIBURTON & LEDBETTER  
ATTORNEYS AT LAW  
254 COURT AVENUE - SUITE 305  
MEMPHIS, TENNESSEE 38103

MARK LEDBETTER\*

\*Licensed in Tennessee & Arkansas

(901) 523-8153 - Phone

(901) 523-8115 - Fax

E-mail: [mark794@aol.com](mailto:mark794@aol.com)

February 13, 2013

*SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED*

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

RE: Possible Medical Malpractice Claim  
Patient: Brett Spencer Lovelace  
Surgery dated March 12, 2012

Dear Pediatric Anesthesiologists and Donald E. Bourland:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Daniel and Helen Lovelace, parents of Brett Spencer Lovelace, deceased. I am their authorized agent for providing you this notice. Through me, Daniel and Helen Lovelace are asserting a potential claim for medical malpractice of a health care liability action under T.C.A. § 29-26-115 against Pediatric Anesthesiologists, P.A. Also, Daniel and Helen Lovelace each assert a potential claim for negligent infliction of emotional distress (NIED) against Pediatric Anesthesiologists, P.A.

Brett Spencer Lovelace was a 12-year-old male child who underwent a tonsillectomy and adenoidectomy (T&A), which was done under general endotracheal tube anesthesia (Babu Rao Paidipalli was the anesthesiologist) on March 12, 2012, at LeBonheur Children's Hospital in Memphis, Tennessee. After the surgery (Dr. Mark P. Clemons was the surgeon), Brett Spencer Lovelace was transferred to the hospital's PACU, where he suffered positional asphyxia and respiratory arrest. Brett Spencer Lovelace suffered consequent brain swelling and anoxic brain injury that resulted in brain death. He was pronounced dead on March 14, 2012. It is alleged that a claim arose due to the acts or omissions of the intended recipient(s) of this letter, as no one intervened to protect the child or issue orders for his safe resuscitation.

Attached hereto is a list of all health care providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Additional information required by T.C.A. §29-26-121 is furnished to you below.

(A) The full name and date of birth of the patient whose treatment is at issue:

Brett Spencer Lovelace, DOB: ~~August 21, 1999~~

Letter to Pediatric Anesthesiologists, P.A.  
 Lovelace vs. Pediatric Anesthesiologists, P.A.  
 February 13  
 Page 2

(B) The name and address of the claimants authorizing the notice and the relationship to the patient, if the notice is not sent by the patient:

Daniel and Helen Lovelace, 14 Birch Lake Cove, Marion, AR, 72364, the parents of the deceased minor, Brett Spencer Lovelace, are authorizing the issuance of this letter for the purposes of providing notice, as required by T.C.A. §29-26-121.

(C) The name and address of the attorney sending the notice, if applicable:

Mark Ledbetter  
 254 Court Avenue, Suite 305  
 Memphis, TN 38103

(D) A list of the names and addresses of all providers being sent a notice:

Notice is being sent to:

Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Babu Rao Paidipalli c/o Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120
Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Donald E. Bourland Pediatric Anesthesiologists, P.A. 5400 Poplar Avenue, Suite 100 Memphis, TN 38119-3669 Registered Agent for Service of Process
Mark P. Clemons, M.D. 6616 Kirby Center Cove Memphis, TN 38115	Mark P. Clemons, M.D. 228 West Tyler, Suite 100 West Memphis, AR 72301

(E) A HIPAA complaint medical authorization permitting the provider receiving the notice to obtain the complete medical records from each other provider being sent a notice.

An authorization is enclosed.

Letter to Pediatric Anesthesiologists, P.A.  
Lovelace vs. Pediatric Anesthesiologists, P.A.  
February 13, 2013  
Page 3

Pursuant to T.C.A. §29-26-121, this letter shall serve as written notice of this potential claim.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark Ledbetter", with a horizontal line drawn through the middle of the signature.

Mark Ledbetter

PML/js

Enclosures: List pursuant to T.C.A. §29-26-121(a);  
Authorization

**DEFENDANTS LIST FOR NOTICE**

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.,  
Attn: Donald E. Bourland,  
5400 Poplar Avenue, Suite 100,  
Memphis, TN, 38119;

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place, Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION**

Patient name: Brett Spencer Lovelace DOB:                      SSN:                     

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

☐ problem list  
☐ medication list  
☐ list of allergies  
☐ immunization record  
☐ most recent history and physical  
☐ most recent discharge summary  
☐ laboratory results  
☐ x-ray and imaging reports



\_\_\_\_\_ consultation reports  
\_\_\_\_\_ (all treating physicians/nurses and caretakers)  
\_\_\_\_\_ entire record  
\_\_\_\_\_ other: billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: December 31, 2014. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information.)
8. Nothing in this Authorization shall be construed as permitting the ex parte communication between counsel for the Defendants and the healthcare providers of Brett Spencer Lovelace (Plaintiffs' Decedent, and Son) without the express permission and/or the participation of Helen Lovelace, Daniel Lovelace, or their attorneys.
9. I hereby agree that a copy of this authorization form or facsimile shall have the same force and effect as the original thereof.

Helen Lovelace  
Helen Lovelace  
Mother of Brett Spencer Lovelace

1/25/13  
Date

Daniel Lovelace  
Daniel Lovelace  
Father of Brett Spencer Lovelace

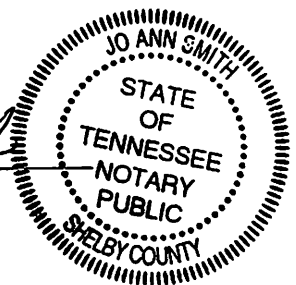
[Signature]  
Signature of Witness

STATE OF TENNESSEE

COUNTY OF SHELBY

On this 25<sup>th</sup> day of January 2013, before me personally appeared Helen Lovelace and Daniel Lovelace known to me to be the persons described herein and who executed the foregoing Authorization to Release Medical Information and that they executed the same as their free act and deed.

[Signature]  
NOTARY PUBLIC



My commission expires: 9-21-2016

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Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here

Sent To *Babu Rao Paidipalli*  
 Street, Apt. No., or PO Box No. *40 Pediatric Anesthesiologists, P.A.*  
*50 North Dunlap St. - 2nd FL*  
 City, State, ZIP+4 *Memphis, TN 38103 Research Tower*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X Michelle Block</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michelle Block</i> C. Date of Delivery <i>2/27/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Babu Rao Paidipalli</i>  <i>40 Pediatric Anesthesiologists, P.A.</i>  <i>50 N. Dunlap St.</i>  <i>2nd Floor, Research Tower</i>  <i>Memphis, TN 38103</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label) <u>7007 0710 0004 1355 4611</u></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549



HALLIBURTON & LEDBETTER  
ATTORNEYS AT LAW  
254 COURT AVENUE - SUITE 305  
MEMPHIS, TENNESSEE 38103

MARK LEDBETTER\*  
\*Licensed in Tennessee & Arkansas

(901) 523-8153 - Phone  
(901) 523-8115 - Fax  
E-mail: [mark794@aol.com](mailto:mark794@aol.com)

February 13, 2013

*SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED*

Babu Rao Paidipalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

RE: Possible Medical Malpractice Claim  
Patient: Brett Spencer Lovelace  
Surgery dated March 12, 2012

Dear Dr. Paidipalli:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Daniel and Helen Lovelace, parents of Brett Spencer Lovelace, deceased. I am their authorized agent for providing you this notice. Through me, Daniel and Helen Lovelace are asserting a potential claim for medical malpractice of a health care liability action under T.C.A. § 29-26-115 against Babu Rao Paidipalli. Also, Daniel and Helen Lovelace each assert a potential claim for negligent infliction of emotional distress (NIED) against Babu Rao Paidipalli.

Brett Spencer Lovelace was a 12-year-old male child who underwent a tonsillectomy and adenoidectomy (T&A), which was done under general endotracheal tube anesthesia (Babu Rao Paidipalli was the anesthesiologist) on March 12, 2012, at LeBonheur Children's Hospital in Memphis, Tennessee. After the surgery (Dr. Mark P. Clemons was the surgeon), Brett Spencer Lovelace was transferred to the hospital's PACU, where he suffered positional asphyxia and respiratory arrest. Brett Spencer Lovelace suffered consequent brain swelling and anoxic brain injury that resulted in brain death. He was pronounced dead on March 14, 2012. It is alleged that a claim arose due to the acts or omissions of the intended recipient(s) of this letter, as no one intervened to protect the child or issue orders for his safe resuscitation.

Attached hereto is a list of all health care providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Additional information required by T.C.A. §29-26-121 is furnished to you below.

(A) The full name and date of birth of the patient whose treatment is at issue:

Brett Spencer Lovelace, DOB: [REDACTED]

Letter to Babu Rao Paidipalli  
Lovelace vs. Paidipalli  
February 13, 2013  
Page 2

(B) The name and address of the claimants authorizing the notice and the relationship to the patient, if the notice is not sent by the patient:

Daniel and Helen Lovelace, [REDACTED], Marion, AR, 72364, the parents of the deceased minor, Brett Spencer Lovelace, are authorizing the issuance of this letter for the purposes of providing notice, as required by T.C.A. §29-26-121.

(C) The name and address of the attorney sending the notice, if applicable:

Mark Ledbetter  
254 Court Avenue, Suite 305  
Memphis, TN 38103

(D) A list of the names and addresses of all providers being sent a notice:

Notice is being sent to:

Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Babu Rao Paidipalli c/o Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120
Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Donald E. Bourland Pediatric Anesthesiologists, P.A. 5400 Poplar Avenue, Suite 100 Memphis, TN 38119-3669 Registered Agent for Service of Process
Mark P. Clemons, M.D. 6616 Kirby Center Cove Memphis, TN 38115	Mark P. Clemons, M.D. 228 West Tyler, Suite 100 West Memphis, AR 72301

(E) A HIPAA complaint medical authorization permitting the provider receiving the notice to obtain the complete medical records from each other provider being sent a notice.


An authorization is enclosed.



Letter to Babu Rao Paidipalli  
Lovelace vs. Paidipalli  
February 13, 2013  
Page 3

Pursuant to T.C.A. §29-26-121, this letter shall serve as written notice of this potential claim.

Sincerely yours,



Mark Ledbetter

PML/js

Enclosures: List pursuant to T.C.A. §29-26-121(a);  
HIPPA Authorization

**DEFENDANTS LIST FOR NOTICE**

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.,  
Attn: Donald E. Bourland,  
5400 Poplar Avenue, Suite 100,  
Memphis, TN, 38119;

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place, Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION**

Patient name: **Brett Spencer Lovelace** DOB: ~~08/21/1989~~ SSN: ~~450-97-3391~~

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

\_\_\_\_\_ problem list  
\_\_\_\_\_ medication list  
\_\_\_\_\_ list of allergies  
\_\_\_\_\_ immunization record  
\_\_\_\_\_ most recent history and physical  
\_\_\_\_\_ most recent discharge summary  
\_\_\_\_\_ laboratory results  
\_\_\_\_\_ x-ray and imaging reports

\_\_\_\_\_ consultation reports  
\_\_\_\_\_ (all treating physicians/nurses and caretakers)  
\_\_\_\_\_ entire record  
\_\_\_\_\_ other: billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103


Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

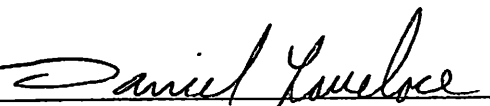
Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115


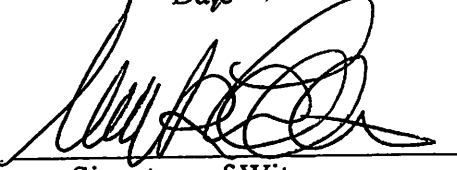
Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: December 31, 2014. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information.)
8. Nothing in this Authorization shall be construed as permitting the ex parte communication between counsel for the Defendants and the healthcare providers of Brett Spencer Lovelace (Plaintiffs' Decedent, and Son) without the express permission and/or the participation of Helen Lovelace, Daniel Lovelace, or their attorneys.
9. I hereby agree that a copy of this authorization form or facsimile shall have the same force and effect as the original thereof.

  
Helen Lovelace  
Mother of Brett Spencer Lovelace

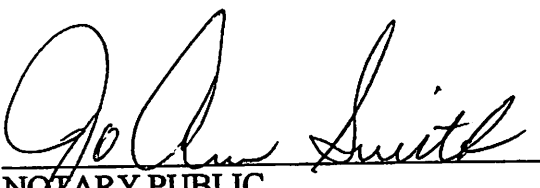
  
Daniel Lovelace  
Father of Brett Spencer Lovelace

  
Date  
  
Signature of Witness

STATE OF TENNESSEE

COUNTY OF SHELBY

On this 25<sup>th</sup> day of January 2013, before me personally appeared Helen Lovelace and Daniel Lovelace known to me to be the persons described herein and who executed the foregoing Authorization to Release Medical Information and that they executed the same as their free act and deed.

  
NOTARY PUBLIC

My commission expires: 9-21-2016



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Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Postmark Here

Sent To: *Babu Rao Paidipalli*  
 Street, Apt. No., or PO Box No. *40 Le Bonheur East Surgery Center*  
 City, State, ZIP+4 *786 Estate Place*  
*Memphis, TN 38120*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Jawshid Nurbakhsh</i> C. Date of Delivery <i>2/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <i>Babu Rao Paidipalli</i>  <i>40 Le Bonheur East Surgery Center</i>  <i>786 Estate Place</i>  <i>Memphis, TN 38120</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label) <i>7007 0710 0004 1355 4604</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

HALLIBURTON & LEDBETTER  
ATTORNEYS AT LAW  
254 COURT AVENUE - SUITE 305  
MEMPHIS, TENNESSEE 38103

MARK LEDBETTER\*  
\*Licensed in Tennessee & Arkansas

(901) 523-8153 - Phone  
(901) 523-8115 - Fax  
E-mail: [mark794@aol.com](mailto:mark794@aol.com)

February 13, 2013

*SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED*

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

RE: Possible Medical Malpractice Claim  
Patient: Brett Spencer Lovelace  
Surgery dated March 12, 2012

Dear Dr. Paidipalli:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Daniel and Helen Lovelace, parents of Brett Spencer Lovelace, deceased. I am their authorized agent for providing you this notice. Through me, Daniel and Helen Lovelace are asserting a potential claim for medical malpractice of a health care liability action under T.C.A. § 29-26-115 against Babu Rao Paidipalli. Also, Daniel and Helen Lovelace each assert a potential claim for negligent infliction of emotional distress (NIED) against Babu Rao Paidipalli

Brett Spencer Lovelace was a 12-year-old male child who underwent a tonsillectomy and adenoidectomy (T&A), which was done under general endotracheal tube anesthesia (Babu Rao Paidipalli was the anesthesiologist) on March 12, 2012, at LeBonheur Children's Hospital in Memphis, Tennessee. After the surgery (Dr. Mark P. Clemons was the surgeon), Brett Spencer Lovelace was transferred to the hospital's PACU, where he suffered positional asphyxia and respiratory arrest. Brett Spencer Lovelace suffered consequent brain swelling and anoxic brain injury that resulted in brain death. He was pronounced dead on March 14, 2012. It is alleged that a claim arose due to the acts or omissions of the intended recipient(s) of this letter, as no one intervened to protect the child or issue orders for his safe resuscitation.

Attached hereto is a list of all health care providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Additional information required by T.C.A. §29-26-121 is furnished to you below.

(A) The full name and date of birth of the patient whose treatment is at issue:

Brett Spencer Lovelace, DOB: [REDACTED]

Letter to Babu Rao Paidipalli  
Lovelace vs. Paidipalli  
February 13, 2013  
Page 2

(B) The name and address of the claimants authorizing the notice and the relationship to the patient, if the notice is not sent by the patient:

Daniel and Helen Lovelace, [REDACTED], Marion, AR, 72364, the parents of the deceased minor, Brett Spencer Lovelace, are authorizing the issuance of this letter for the purposes of providing notice, as required by T.C.A. §29-26-121.

(C) The name and address of the attorney sending the notice, if applicable:

Mark Ledbetter  
254 Court Avenue, Suite 305  
Memphis, TN 38103

(D) A list of the names and addresses of all providers being sent a notice:

Notice is being sent to:

Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Babu Rao Paidipalli c/o Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120
Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Donald E. Bourland Pediatric Anesthesiologists, P.A. 5400 Poplar Avenue, Suite 100 Memphis, TN 38119-3669 Registered Agent for Service of Process
Mark P. Clemons, M.D. 6616 Kirby Center Cove Memphis, TN 38115	Mark P. Clemons, M.D. 228 West Tyler, Suite 100 West Memphis, AR 72301

(E) A HIPAA complaint medical authorization permitting the provider receiving the notice to obtain the complete medical records from each other provider being sent a notice.

An authorization is enclosed.

Letter to Babu Rao Paidipalli  
Lovelace vs. Paidipalli  
February 13, 2013  
Page 3

Pursuant to T.C.A. §29-26-121, this letter shall serve as written notice of this potential claim.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark Ledbetter", with a stylized flourish at the end.

Mark Ledbetter

PML/js

Enclosures: List pursuant to T.C.A. §29-26-121(a);  
HIPPA Authorization

**DEFENDANTS LIST FOR NOTICE**

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.,  
Attn: Donald E. Bourland,  
5400 Poplar Avenue, Suite 100,  
Memphis, TN, 38119;

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place, Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION**

Patient name: Brett Spencer Lovelace DOB:                      SSN:                     

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
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Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
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Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

\_\_\_\_\_ problem list  
\_\_\_\_\_ medication list  
\_\_\_\_\_ list of allergies  
\_\_\_\_\_ immunization record  
\_\_\_\_\_ most recent history and physical  
\_\_\_\_\_ most recent discharge summary  
\_\_\_\_\_ laboratory results  
\_\_\_\_\_ x-ray and imaging reports



\_\_\_\_\_ consultation reports  
\_\_\_\_\_ (all treating physicians/nurses and caretakers)  
\_\_\_\_\_ entire record  
\_\_\_\_\_ other: billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
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Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
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Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
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Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: December 31, 2014. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information.)
8. Nothing in this Authorization shall be construed as permitting the ex parte communication between counsel for the Defendants and the healthcare providers of Brett Spencer Lovelace (Plaintiffs' Decedent, and Son) without the express permission and/or the participation of Helen Lovelace, Daniel Lovelace, or their attorneys.
9. I hereby agree that a copy of this authorization form or facsimile shall have the same force and effect as the original thereof.

Helen Lovelace  
Helen Lovelace  
Mother of Brett Spencer Lovelace

1/25/13  
Date

Daniel Lovelace  
Daniel Lovelace  
Father of Brett Spencer Lovelace

[Signature]  
Signature of Witness

STATE OF TENNESSEE

COUNTY OF SHELBY

On this 25<sup>th</sup> day of January 2013, before me personally appeared Helen Lovelace and Daniel Lovelace known to me to be the persons described herein and who executed the foregoing Authorization to Release Medical Information and that they executed the same as their free act and deed.

[Signature]  
NOTARY PUBLIC

JO ANN SMITH  
STATE OF TENNESSEE  
NOTARY PUBLIC  
SHELBY COUNTY

My commission expires: 9-21-2016.

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Sent To Mark P. Clemons, M.D.  
 Street, Apt. No.,  
 or PO Box No. 228 West Tyler, Ste 100  
 City, State, ZIP+4 West Memphis, AR 72301

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature- <u>x April Nichols</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>April Nichols</u> C. Date of Delivery <u>2/21/13</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <u>Mark P. Clemons, M.D.</u>  <u>228 West Tyler St, Ste 100</u>  <u>West Memphis, AR</u>  <u>72301</u></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service) <u>7007 0710 0004 1355 4598</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



HALLIBURTON & LEDBETTER  
ATTORNEYS AT LAW  
254 COURT AVENUE - SUITE 305  
MEMPHIS, TENNESSEE 38103

MARK LEDBETTER\*

\*Licensed in Tennessee & Arkansas

(901) 523-8153 - Phone

(901) 523-8115 - Fax

E-mail: [mark794@aol.com](mailto:mark794@aol.com)

January 23, 2013

*SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED*

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

RE: Possible Medical Malpractice Claim  
Patient: Brett Spencer Lovelace  
Surgery dated March 12, 2012

Dear Dr. Clemons:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Daniel and Helen Lovelace, parents of Brett Spencer Lovelace, deceased. I am their authorized agent for providing you this notice. Through me, Daniel and Helen Lovelace are asserting a potential claim for medical malpractice of a health care liability action under T.C.A. § 29-26-115 against Mark P. Clemons, M.D. Also, Daniel and Helen Lovelace each assert a potential claim for negligent infliction of emotional distress (NIED) against Mark P. Clemons, M.D.

Brett Spencer Lovelace was a 12-year-old male child who underwent a tonsillectomy and adenoidectomy (T&A), which was done under general endotracheal tube anesthesia (Babu Rao Paidipalli was the anesthesiologist) on March 12, 2012, at LeBonheur Children's Hospital in Memphis, Tennessee. After the surgery (Dr. Mark P. Clemons was the surgeon), Brett Spencer Lovelace was transferred to the hospital's PACU, where he suffered positional asphyxia and respiratory arrest. Brett Spencer Lovelace suffered consequent brain swelling and anoxic brain injury that resulted in brain death. He was pronounced dead on March 14, 2012. It is alleged that a claim arose due to the acts or omissions of the intended recipient(s) of this letter, as no one intervened to protect the child or issue orders for his safe resuscitation.

Attached hereto is a list of all health care providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Additional information required by T.C.A. §29-26-121 is furnished to you below.

(A) The full name and date of birth of the patient whose treatment is at issue:

Brett Spencer Lovelace, DOB: [REDACTED].

Letter to Mark P. Clemons  
Lovelace vs. Mark P. Clemons  
February 13, 2013  
Page 2

(B) The name and address of the claimants authorizing the notice and the relationship to the patient, if the notice is not sent by the patient:

Daniel and Helen Lovelace, [REDACTED], Marion, AR, 72364, the parents of the deceased minor, Brett Spencer Lovelace, are authorizing the issuance of this letter for the purposes of providing notice, as required by T.C.A. §29-26-121.

(C) The name and address of the attorney sending the notice, if applicable:

Mark Ledbetter  
254 Court Avenue, Suite 305  
Memphis, TN 38103

(D) A list of the names and addresses of all providers being sent a notice:

Notice is being sent to:

Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Babu Rao Paidipalli c/o Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120
Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Donald E. Bourland Pediatric Anesthesiologists, P.A. 5400 Poplar Avenue, Suite 100 Memphis, TN 38119-3669 Registered Agent for Service of Process
Mark P. Clemons, M.D. 6616 Kirby Center Cove Memphis, TN 38115	Mark P. Clemons, M.D. 228 West Tyler, Suite 100 West Memphis, AR 72301

(E) A HIPAA complaint medical authorization permitting the provider receiving the notice to obtain the complete medical records from each other provider being sent a notice.

An authorization is enclosed.

Letter to Mark P. Clemons  
Lovelace vs. Mark P. Clemons  
February 13, 2013  
Page 3

Pursuant to T.C.A. §29-26-121, this letter shall serve as written notice of this potential claim.

Sincerely yours,

  
Mark Ledbetter

PML/jp

Enclosures: List pursuant to T.C.A. §29-26-121(a);  
Authorization



**DEFENDANTS LIST FOR NOTICE**

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.,  
Attn: Donald E. Bourland,  
5400 Poplar Avenue, Suite 100,  
Memphis, TN, 38119;

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place, Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION**

Patient name: **Brett Spencer Lovelace** DOB: ~~08/21/1999~~ SSN: ~~030-97-8891~~

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

☐ problem list  
☐ medication list  
☐ list of allergies  
☐ immunization record  
☐ most recent history and physical  
☐ most recent discharge summary  
☐ laboratory results  
☐ x-ray and imaging reports

- \_\_\_\_\_ consultation reports  
(all treating physicians/nurses and caretakers)
- \_\_\_\_\_ entire record
- \_\_\_\_\_ other: billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This information may be disclosed to and used by the following individual or organization:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: December 31, 2014. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information.)
8. Nothing in this Authorization shall be construed as permitting the ex parte communication between counsel for the Defendants and the healthcare providers of Brett Spencer Lovelace (Plaintiffs' Decedent, and Son) without the express permission and/or the participation of Helen Lovelace, Daniel Lovelace, or their attorneys.
9. I hereby agree that a copy of this authorization form or facsimile shall have the same force and effect as the original thereof.

Helen Lovelace  
Helen Lovelace  
Mother of Brett Spencer Lovelace

Daniel Lovelace  
Daniel Lovelace  
Father of Brett Spencer Lovelace

1/25/13  
Date  
[Signature]  
Signature of Witness

STATE OF TENNESSEE

COUNTY OF SHELBY

On this 25<sup>th</sup> day of January 2013, before me personally appeared Helen Lovelace and Daniel Lovelace known to me to be the persons described herein and who executed the foregoing Authorization to Release Medical Information and that they executed the same as their free act and deed.

[Signature]  
NOTARY PUBLIC

JO ANN SMITH  
STATE OF  
TENNESSEE  
NOTARY PUBLIC  
SHELBY COUNTY

My commission expires: 9-21-2016.

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**OFFICIAL USE**

Postage	\$ 1.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

Sent To Mark P. Clemons, M.D.  
 Street, Apt. No., or PO Box No. 6616 Kirby Center Cove  
 City, State, ZIP+4 Memphis, TN 38115

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>E. Williams</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><u>Mark P. Clemons, M.D.</u>  <u>6616 Kirby Center Cove</u>  <u>Memphis, TN 38115</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

HALLIBURTON & LEDBETTER  
ATTORNEYS AT LAW  
254 COURT AVENUE - SUITE 305  
MEMPHIS, TENNESSEE 38103

MARK LEDBETTER\*

\*Licensed in Tennessee & Arkansas

(901) 523-8153 - Phone  
(901) 523-8115 - Fax  
E-mail: [mark794@aol.com](mailto:mark794@aol.com)

February 13 2013

*SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED*

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN 38115

RE: Possible Medical Malpractice Claim  
Patient: Brett Spencer Lovelace  
Surgery dated March 12, 2012

Dear Dr. Clemons:

Pursuant to T.C.A. §29-26-121, please be advised that I am the attorney representing Daniel and Helen Lovelace, parents of Brett Spencer Lovelace, deceased. I am their authorized agent for providing you this notice. Through me, Daniel and Helen Lovelace are asserting a potential claim for medical malpractice of a health care liability action under T.C.A. § 29-26-115 against Mark P. Clemons, M.D. Also, Daniel and Helen Lovelace each assert a potential claim for negligent infliction of emotional distress (NIED) against Mark P. Clemons, M.D.

Brett Spencer Lovelace was a 12-year-old male child who underwent a tonsillectomy and adenoidectomy (T&A), which was done under general endotracheal tube anesthesia (Babu Rao Paidipalli was the anesthesiologist) on March 12, 2012, at LeBonheur Children's Hospital in Memphis, Tennessee. After the surgery (Dr. Mark P. Clemons was the surgeon), Brett Spencer Lovelace was transferred to the hospital's PACU, where he suffered positional asphyxia and respiratory arrest. Brett Spencer Lovelace suffered consequent brain swelling and anoxic brain injury that resulted in brain death. He was pronounced dead on March 14, 2012. It is alleged that a claim arose due to the acts or omissions of the intended recipient(s) of this letter, as no one intervened to protect the child or issue orders for his safe resuscitation.

Attached hereto is a list of all health care providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Additional information required by T.C.A. §29-26-121 is furnished to you below.

(A) The full name and date of birth of the patient whose treatment is at issue:

Brett Spencer Lovelace, DOB: [REDACTED]



Letter to Mark P. Clemons  
Lovelace vs. Mark P. Clemons  
February 13, 2013  
Page 2

(B) The name and address of the claimants authorizing the notice and the relationship to the patient, if the notice is not sent by the patient:

Daniel and Helen Lovelace, [REDACTED], Marion, AR, 72364, the parents of the deceased minor, Brett Spencer Lovelace, are authorizing the issuance of this letter for the purposes of providing notice, as required by T.C.A. §29-26-121.

(C) The name and address of the attorney sending the notice, if applicable:

Mark Ledbetter  
254 Court Avenue, Suite 305  
Memphis, TN 38103

(D) A list of the names and addresses of all providers being sent a notice:

Notice is being sent to:

Babu Rao Paidipalli c/o Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Babu Rao Paidipalli c/o Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120
Pediatric Anesthesiologists, P.A. 50 North Dunlap Street 2 <sup>nd</sup> Floor, Research Tower Memphis, TN 38103	Donald E. Bourland Pediatric Anesthesiologists, P.A. 5400 Poplar Avenue, Suite 100 Memphis, TN 38119-3669 Registered Agent for Service of Process
Mark P. Clemons, M.D. 6616 Kirby Center Cove Memphis, TN 38115	Mark P. Clemons, M.D. 228 West Tyler, Suite 100 West Memphis, AR 72301

(E) A HIPAA complaint medical authorization permitting the provider receiving the notice to obtain the complete medical records from each other provider being sent a notice.

An authorization is enclosed.

Letter to Mark P. Clemons  
Lovelace vs. Mark P. Clemons  
February 13, 2013  
Page 3

Pursuant to T.C.A. §29-26-121, this letter shall serve as written notice of this potential claim.

Sincerely yours,



Mark Ledbetter

PML/js

Enclosures: List pursuant to T.C.A. §29-26-121(a);  
Authorization

**DEFENDANTS LIST FOR NOTICE**

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.,  
Attn: Donald E. Bourland,  
5400 Poplar Avenue, Suite 100,  
Memphis, TN, 38119;

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street,  
2<sup>nd</sup> Floor, Research Tower, Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place, Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301.

**AUTHORIZATION TO DISCLOSE  
HEALTH INFORMATION**

Patient name: Brett Spencer Lovelace DOB: [REDACTED] SSN: [REDACTED]

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

\_\_\_\_\_ problem list  
\_\_\_\_\_ medication list  
\_\_\_\_\_ list of allergies  
\_\_\_\_\_ immunization record  
\_\_\_\_\_ most recent history and physical  
\_\_\_\_\_ most recent discharge summary  
\_\_\_\_\_ laboratory results  
\_\_\_\_\_ x-ray and imaging reports

\_\_\_\_\_ consultation reports  
\_\_\_\_\_ (all treating physicians/nurses and caretakers)  
\_\_\_\_\_ entire record  
\_\_\_\_\_ other: billing records

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Pediatric Anesthesiologists, P.A.  
Attn: Donald E. Bourland  
5400 Poplar Avenue, Suite 100  
Memphis, TN, 38119

Babu Rao Paidpalli  
c/o Pediatric Anesthesiologists, P.A.  
50 North Dunlap Street  
2<sup>nd</sup> Floor, Research Tower  
Memphis, TN 38103

Babu Rao Paidipalli  
c/o Le Bonheur East Surgery Center  
786 Estate Place  
Memphis, TN 38120

Mark P. Clemons, M.D.  
6616 Kirby Center Cove  
Memphis, TN, 38115

Mark P. Clemons, M.D.  
228 West Tyler, Suite 100  
West Memphis, AR 72301

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: December 31, 2014. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information.)
8. Nothing in this Authorization shall be construed as permitting the ex parte communication between counsel for the Defendants and the healthcare providers of Brett Spencer Lovelace (Plaintiffs' Decedent, and Son) without the express permission and/or the participation of Helen Lovelace, Daniel Lovelace, or their attorneys.
9. I hereby agree that a copy of this authorization form or facsimile shall have the same force and effect as the original thereof.

Helen Lovelace

Helen Lovelace  
Mother of Brett Spencer Lovelace

Daniel Lovelace

Daniel Lovelace  
Father of Brett Spencer Lovelace

1/25/13  
Date

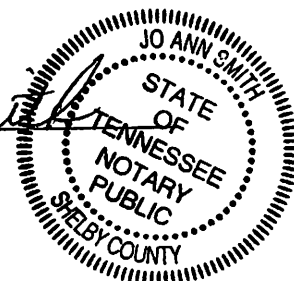
[Signature]  
Signature of Witness

STATE OF TENNESSEE

COUNTY OF SHELBY

On this 25<sup>th</sup> day of January 2013, before me personally appeared Helen Lovelace and Daniel Lovelace known to me to be the persons described herein and who executed the foregoing Authorization to Release Medical Information and that they executed the same as their free act and deed.

[Signature]  
NOTARY PUBLIC



My commission expires: 9-21-2016.



## Name and Address of Sender

Mark Ledbetter  
Halliburton & Ledbetter  
254 Court Ave, Ste 305  
Memphis, TN 38103

## Check type of mail or service:

- ☐ Adult Signature Required  
☒ Certified Mail  
☐ COD  
☐ Delivery Confirmation  
☐ Express Mail  
☐ Insured
- ☐ Adult Signature Restricted Delivery  
☐ Recorded Delivery (International)  
☐ Registered  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation

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or for additional  
copies of this bill)  
Postmark and  
Date of Receipt



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MEMPHIS, TN  
38103  
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AMOUNT

\$2.64

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Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	Fee	Handling Charge	Actual Value If Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. 7007 0710 0004 1355 4567	Pediatric Anesthesiologists, P.A. 50 N. Dunlap St. 2nd Floor Research Tower Memphis, TN 38103	6.31												✓
2. 7007 0710 0004 1355 4574	Dona L. Baurland Pediatric Anesthesiologists, P.A. 5400 Poplar Ave, Ste. 100 Memphis, TN 38119-3669	6.31												✓
3. 7007 0710 0004 1355 4581	Mark P. Clemons, M.D. 6666 Kirby Center Cove Memphis, TN 38115	6.31												✓
4. 7007 0710 0004 1355 4598	Mark P. Clemons, M.D. 228 West Tyler, Ste. 100 West Memphis, AR 72301	6.31												✓
5. 7007 0710 0004 1355 4604	Babu Rao Paidipalli 40 Le Bonheur East Surgery Center 786 Estate Place Memphis, TN 38120	6.31												✓
6. 7007 0710 0004 1355 4611	Babu Rao Paidipalli 40 Pediatric Anesthesiologists, P.A. 50 N. Dunlap St. - 2nd Fl, Research Tower Memphis, TN 38103	6.31												✓
7.														
8.														
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)												
6	6	[Signature]												

